

**Subsidy Estimator Worksheet**

The Voucher Program offers subsidies on the monthly cost of health coverage. The amount of a subsidy is dependent on household size, household income, and assets. You can use this worksheet to estimate your subsidy group. Once you decide to apply you must complete and submit a Voucher Application. If you have any questions, you can call the Dirigo Health Agency at 1-877-892-8391 or TTY (207) 287-4344.

**Step 1: Enter Your Personal Information. The financial information must be annual numbers.****1. Household Size:** \_\_\_\_\_

Household equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 23 years of age who qualifies as a dependent for tax purposes, or a person of any age who is the child of a plan enrollee and is disabled and dependent upon that plan enrollee. Child means a natural child, stepchild, adopted child or child placed for adoption with a plan enrollee.

What is Counted	Annual Amount	Where to find it on your most recent Federal 1040 Tax Return. If the 1040 does not represent your present income, include the following with the 1040 tax form: a signed letter explaining the changes; copies of two pay stubs; other proof of income
<b>2. Annual Earned Income</b>	\$	Use Form 1040, Line 7 "Wages, salaries, tips, etc." or wages as reported on a W-2. Do not use Line 37, "Adjusted Gross Income"
<b>2a.</b> Applicant gross wages, tips, and salaries (before any deductions)		
<b>2b.</b> Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)	\$	
<b>2c.</b> Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040, Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings
<b>3. Annual Other Income</b>	\$	Form 1040, Line 8a and Line 9a, or annual interest income statements
<b>3a.</b> Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)		
<b>3b.</b> Alimony received	\$	Form 1040, Line 11, or divorce settlement orders
<b>3c.</b> IRA distributions	\$	Form 1040, Line 15a, or Line 15b if 15a is blank
<b>3d.</b> Pensions, annuities, 401(K)	\$	Form 1040, Line 16a, or Line 16b if 16a is blank. Award letters or statements from payers
<b>3e.</b> Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040, Line 17
<b>3f.</b> Farm income or loss	\$	Form 1040, Line 18
<b>3g.</b> Unemployment compensation	\$	Form 1040, Line 19, or award letters
<b>3h.</b> Social Security and Railroad Retirement	\$	Form 1040, Line 20a, or award letters
<b>3i.</b> Gross Child Support received	\$	Use support orders
<b>4. Income Subtotal</b> (Total of Lines 2a through Lines 3i)	\$ _____	
<b>5. Child-Related Allowable Deductions</b>	\$	\$200 per child per month is allowed if under age 2, \$175 per child per month is allowed if age 2 or older. Caregiver must be a person outside the household for childcare expenses to be allowed.
<b>5a.</b> Childcare expenses		
<b>5b.</b> Child support paid out (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
<b>6. Deductions Subtotal</b> (Total of Line 5a and Line 5b)	\$ _____	
<b>7. Income Total</b> (Line 4 minus Line 6)	\$ _____	DHA Eligibility Representatives will make the final decision on the subsidy group

**Step 2: Estimate Your Income Subsidy Group**

On the Income Subsidy Chart find your household size in the left column. This is the number you entered in Number 1 above. Then go right until the amount in the column is greater than your total income. This is the amount you entered on Number 7 above. Then read up to see your subsidy group.

For example, if you have a household size of 1 and your household income is \$15,000, you would be in Group B.

If you have a household size of 2 and your household income is \$24,000, you would be in Group C.

**Income Subsidy Chart**

Income Subsidy Group	B	C	D	E
Household Size	Annual Income Less Than:			
1	\$16,245	\$21,660	\$27,075	\$32,490
2	\$21,855	\$29,140	\$36,425	\$43,710
3	\$27,465	\$36,620	\$45,775	\$54,930
4	\$33,075	\$44,100	\$55,125	\$66,150
5	\$38,685	\$51,580	\$64,475	\$77,370
6	\$44,295	\$59,060	\$73,825	\$88,590

Enter your Income Subsidy Group: \_\_\_\_\_

**Step 3: Estimate Your Countable Assets. Asset information is required in order to be considered for the Voucher Program.**

List any assets owned by you and your spouse or domestic partner. Include assets owned jointly with another person.

What is Counted	Amount	What is Not Counted
<b>1. Cashable Assets:</b> <ul style="list-style-type: none"> <li>• Personal checking/savings accounts. Use checking account balance left after monthly expenses.</li> <li>• CDs</li> <li>• Stocks, bonds, mutual funds, Annuities</li> <li>• Profit sharing plans</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Retirement savings accounts</li> <li>• Educational savings accounts</li> <li>• Amounts already included as wages or income on Form 1040</li> <li>• Workers Compensation payments</li> <li>• Veterans Affairs disability payments</li> </ul>
<b>2. Vehicles:</b> <ul style="list-style-type: none"> <li>• Vehicles ("Blue Book" value of vehicle minus any amount owed). Note: see vehicles that are not counted</li> <li>• Recreational vehicles such as boats, motorcycles, snowmobiles, ATVs</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Primary vehicle</li> <li>• Second vehicle if used for transportation for essential Daily activities</li> </ul>
<b>3. Real Estate:</b> <ul style="list-style-type: none"> <li>• Second home, camp, land not attached to your primary home, etc.</li> <li>• Use property tax bill for value.</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Your primary home and surrounding land where you reside</li> <li>• Income producing property (rentals, fishing boats, commercial trucks, machinery, livestock)</li> </ul>
<b>4. Lump Sum Payments:</b> <ul style="list-style-type: none"> <li>• For example, gifts, inheritances, lottery winnings, insurance settlements</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Amounts already included in checking/savings listed above</li> </ul>
<b>5. Countable Asset Amount</b> (Total Lines 1 through Lines 4)	\$ _____	DHA Eligibility Representatives will make the final decision on subsidy group

**Step 4: Estimate Your Final Voucher Level On The Following Charts:**

On the charts to the right find your household size at the top which is either Single for a household of 1 or Family for a household of more than 1. Then go down until the amount in the Countable Asset column is greater than your total assets (which is the Countable Asset amount in Step 3 number 5 above). Then read across to the top row titled Income Subsidy Group (B-E) which is the Income Subsidy Group you listed in step 2. Then refer to numbers 1–5 to see your Final Voucher Level. If your Final Voucher Level is a 5, you are not eligible for a subsidy.

For example, if you have a household size of 1 (Single) whose household income would qualify for a B Income Subsidy Group and you had \$32,000 in assets you would have a Final Voucher Level of 3.

If you have a household size of 2 (Family) whose household income would qualify for a C Income Subsidy Group and you had \$63,000 in assets you would have a Final Voucher Level of 4.

**Single**

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$15,000	1	2	3	4
\$29,999	2	3	4	5
\$44,999	3	4	5	5
\$59,999	4	5	5	5
\$60,000	5	5	5	5

**Family**

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$30,000	1	2	3	4
\$59,999	2	3	4	5
\$89,999	3	4	5	5
\$119,999	4	5	5	5
\$120,000	5	5	5	5

**Step 5: What Does Your Final Voucher Level Mean?**

It means you will receive a subsidy on your monthly health coverage cost. This subsidy applies to your share of the health coverage cost after any contribution your employer makes.

The chart below shows the amount employees will pay per month for their employer sponsored health plan depending on the Final Voucher Level they qualify for.

Voucher Level	Single	EE+Sp	EE+Ch	Family
1	\$30.00	\$35.00	\$35.00	\$45.00
2	\$75.00	\$100.00	\$100.00	\$125.00
3	\$180.00	\$240.00	\$240.00	\$300.00
4	\$330.00	\$440.00	\$440.00	\$550.00